



**NOTICE OF INTENT TO OBTAIN COVERAGE UNDER NDPDES  
GENERAL PERMIT FOR STORM WATER DISCHARGES  
ASSOCIATED WITH INDUSTRIAL or MINING ACTIVITY**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 18686 (12/02)

**FOR DEPT. USE ONLY**

Application No.

Date Received

**GENERAL INFORMATION**

Name of Facility	Name of Owner/ Principal Executive			
Mailing Address	City	State	Zip Code	
Individual Responsible for Discharge	Phone No.			
Mailing Address	City	State	Zip Code	
Type of Ownership	State	Federal	Private	Other:

**NATURE OF DISCHARGE**

STANDARD INDUSTRIAL CLASSIFICATION (SIC)				Four Digit SIC Code(s):					
Brief Description of Nature of Business:									
Are any processing, loading/unloading, or storage activities exposed to precipitation or storm runoff? Yes No									
Facility Location	Street			City					
	OR	1/4	1/4	Section	Township	Range	County		
	OR	Latitude	o	I	II	Longitude	o	I	II
Receiving Waters	Natural Surface Drainage			Name or Description of Receiving Waters					
	OR	Municipal Storm Sewer	Name of City						
			Ultimate Receiving Waters						

**ADDITIONAL INFORMATION**

Summarize or attach any existing quantitative and qualitative data pertaining to your storm water discharges.
Summarize any existing measures utilized to contain, treat, or reduce pollutants in storm runoff.

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Department of Health Division of Water Quality 1200 Missouri Ave., Rm. 203 PO Box 5520 Bismarck, ND 58506-5520  Telephone: 701-328-5210	I certify I am familiar with NDCC 61-28-08, and with the information contained in this application. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.	
	Printed Name of Applicant	Title
	Signature of Applicant	Application Date